

9 FAM 41.121 Exhibit II

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41.121 EXHIBIT II VISA REFUSAL WORKSHEET (OPTIONAL FORM 194)



THE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

Date: _____

Visa Symbol: _____

(LAST NAME, First, Middle)

Dear Visa Applicant:

This office regrets to inform you that it is unable to issue a visa to you because you have been found ineligible to receive a visa under the following section(s) of the Immigration and Nationality Act. The information contained in the paragraphs marked with "X" pertain to your visa application. Please disregard the unmarked paragraphs.

- ☐ Section 221(g) which prohibits the issuance of a visa to anyone whose application does not comply with the provisions of the Immigration and Nationality Act or regulations issued pursuant thereto. The following remarks apply in your case:*

- ☐ Section 212(a)(1) health-related grounds.
☐ Section 212(a)(4) which prohibits the issuance of a visa to anyone likely to become a public charge.
☐ Section 212(a)() _____

See Form DSL-851A for further details.

- ☐ Other: _____

- ☐ Further consideration will be given to your visa application after you obtain and present the documents listed above and/or the following:*

- ☐ You are eligible for waiver of the grounds of ineligibility. To apply for a waiver, follow the instructions in the attached Form I-724.

*WARNING: IF YOU FAIL TO TAKE THE ACTION REQUESTED WITHIN ONE YEAR FOLLOWING VISA DENIAL UNDER SECTION 221(g) OF THE IMMIGRATION AND NATIONALITY ACT, SECTION 203(g) OF THE ACT REQUIRES THAT YOUR APPLICATION BE CANCELLED.

Sincerely yours,

American Consular Officer

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Visa Refusal Worksheet (Optional Form 194) – continued

REFUSAL WORKSHEET FOR OFFICE USE ONLY		<input type="checkbox"/> Category I <input type="checkbox"/> Category II
JUSTIFICATION (Give a concise summarization of the facts on which decision to refuse is based and indicate the means whereby such facts were ascertained.)		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex-grow: 1;"> <p>_____ was refused on _____</p> <p style="text-align: center;"><i>(Applicant's name)</i> <i>(Date)</i> </p> <p>under Section(s) _____ because:</p> </div> </div>		
NOTE: If a visa is refused on medical grounds, attach Form OF-157		
SIGNATURE AND NAME STAMP OF REFUSING OFFICER	POST	
ACTION BY PRINCIPAL OFFICER, DESIGNEE OR CHIEF CONSULAR OFFICER		
<input type="checkbox"/> Refusal confirmed.		
<input type="checkbox"/> Refusal not confirmed. Case referred to Department for advisory opinion.		
<input type="checkbox"/> Recommend that the case be reconsidered for the following reasons:		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex-grow: 1;"> <p>_____</p> <p style="text-align: center;"><i>(Date)</i></p> </div> <div style="flex-grow: 1;"> <p>_____</p> <p style="text-align: center;"><i>(Signature)</i></p> </div> </div>		
FOR RECONSIDERATION CASES		
<input type="checkbox"/> Approved for issuance.		
<input type="checkbox"/> Not approved for issuance; still ineligible under Sec. _____, because: _____		
Waiver requested: <input type="checkbox"/> 212(e); <input type="checkbox"/> 212(a)(3)(D); <input type="checkbox"/> 212(g); <input type="checkbox"/> 212(h); <input type="checkbox"/> 212(i); <input type="checkbox"/> 212(d)(3)(a)		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex-grow: 1;"> <p>_____</p> <p style="text-align: center;"><i>(Date)</i></p> </div> <div style="flex-grow: 1;"> <p>_____</p> <p style="text-align: center;"><i>(Signature of Consular Officer)</i></p> </div> </div>		
NOTIFICATION TO APPLICANT		
<input type="checkbox"/> OF-194 was handed/mailed to applicant today or on _____		
<input type="checkbox"/> Alien notified on _____ that review of refusal indicates that he/she may be eligible to receive a visa.		
<input type="checkbox"/> CLOK entry sent <input type="checkbox"/> CLASS entry made <input type="checkbox"/> IVACS updated <input type="checkbox"/> NIVCAPS updated <input type="checkbox"/> Petition returned to INS	Date: _____ Date: _____ Date: _____ Date: _____ Date: _____	By: _____ By: _____ By: _____ By: _____ By: _____

